



U.S. Department of Justice
Financial Statement of Debtor
(Submitted for Government Action on
Claims Due the United States)

NOTE: Use additional sheets where space on this form
is insufficient or continue on back of last page.

FINANCIAL STATEMENT OF DEBTOR

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1

Personal
Information

| | |
|--|--|
| 1. Full Name(s) _____ | 1a. Home Telephone (____) _____ |
| _____ | Best Time to Call _____ a.m. _____ p.m. |
| Street Address _____ | 1b. Cellular Number (____) _____ |
| City _____ State _____ Zip _____ | 2. Your Social Security No. (SSN) _____ |
| County of Residence _____ | 3. Your Date of Birth (mm/dd/yy) _____ |
| How long at this residence? _____ | |
| 4. Marital Status G Married S Separated Unmarried (single, divorced, widowed) | |
| 4a. Spouse's Name _____ | |
| 4b. Spouse's Social Security No. _____ | 4c. Spouse's Date of Birth (mm/dd/yy) _____ |
| 5. <input type="checkbox"/> Own Home <input type="checkbox"/> Rent tOther (specify, i.e. share rent, live with relative) _____ | |
| 6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed) | |
| First Name Relationship Age Does this person live with you? | First Name Relationship Age Does this person live with you? |
| _____ _____ _____ <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ _____ _____ <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ _____ _____ <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ _____ _____ <input type="checkbox"/> No <input type="checkbox"/> Yes |

Section 2

Your
Business
Information

| | |
|---|---|
| 7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies) | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the following information: | |
| 7a. Name of Business _____ | 7c. Employer Identification No: _____ |
| 7b. Street Address _____ | 7d. Do you have employees? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| City _____ State _____ Zip _____ | 7e. Do you have accounts receivable? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | If yes, please complete section 8 on page 5. |



ATTACHMENTS REQUIRED: Please provide proof of self-employment income for the **prior 3 months**
(e.g. invoices, commissions, sales records, income statement).

Section 3

Employment
Information

| | |
|--|---|
| 8. Your employer _____ | 9. Spouse's Employer _____ |
| Street Address _____ | Street Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Work telephone no. (____) _____ | Work telephone no. (____) _____ |
| May we contact you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes | May we contact spouse at work? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 8a. How long with this employer? _____ | 9a. How long with this employer? _____ |
| 8b. Occupation _____ | 9b. Occupation _____ |



ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions **for the past 3 months from each employer** (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Section 4Other
Income
Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension ☐ Social Security ☐ Other (specify, e.g. child support, alimony, rental) _____

ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as **3 months** is represented.
Section 5Banking,
Investment,
Cash, Credit
and Life
Insurance Information11. **CHECKING ACCOUNTS.** List all checking accounts. (If you need additional space, attach a separate sheet.)

| | Type of Account | Full name of Bank, Credit Union or Institution | Bank Account No. | Current Account Balance |
|------|--------------------|---|------------------|----------------------------|
| 11a. | Checking | Name _____ Address _____ City/State/Zip _____ | _____ | \$ _____ |

| | | | | |
|------|----------|---|-------|----------|
| 11b. | Checking | Name _____ Address _____ City/State/Zip _____ | _____ | \$ _____ |
|------|----------|---|-------|----------|

| | | | | |
|------|----------------------------------|--|--|----------|
| 11c. | Total Checking Accounts Balances | | | \$ _____ |
|------|----------------------------------|--|--|----------|

12. **OTHER ACCOUNTS.** List all accounts, including brokerage, savings and money market, not listed in 11.

| | Type of Account | Full name of Bank, Credit Union or Institution | Bank Account No. | Current Account Balance |
|------|--------------------|---|------------------|----------------------------|
| 12a. | _____ | Name _____ Address _____ City/State/Zip _____ | _____ | \$ _____ |

| | | | | |
|------|-------|---|-------|----------|
| 12b. | _____ | Name _____ Address _____ City/State/Zip _____ | _____ | \$ _____ |
|------|-------|---|-------|----------|

| | | | | |
|------|------------------------------|--|--|----------|
| 12c. | Total Other Account Balances | | | \$ _____ |
|------|------------------------------|--|--|----------|


ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past **3 months** for all accounts.
13. **INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

| | Name of Company | Number of Shares/Units | Current Value | Loan Amount (if any) | Used as collateral on loan? |
|------|-----------------|---------------------------|------------------|-------------------------|--|
| 13a. | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13b. | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13c. | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

13d. **Total Investments** \$ _____14. **CASH ON HAND.** Include any money that you have that is not in the bank.14a. **Total Cash on Hand** \$ _____

Section 5
continued

15. AVAILABLE CREDIT. List all lines of credit, including credit cards. (If you need additional space, attach a separate sheet.)

| | <u>Full Name of Credit Institution</u> | <u>Credit Limit</u> | <u>Amount Owed</u> | <u>Minimum Payment</u> |
|---|---|---------------------|--------------------|----------------------------|
| 15a. | Name _____ Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 15b. | Name _____ Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 15c. Total Minimum Payments \$ _____ | | | | |

16. LIFE INSURANCE. Do you have life insurance with a cash value? ☐ No ☐ Yes
(Term Life Insurance does not have a cash value.)

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value \$ _____ 16e. Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance: line 16e from "Current Cash Value" line 16d = 16f \$ _____



ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6
Other

17. OTHER INFORMATION. Respond to the following questions related to your financial condition:
(Attach a separate sheet if you need more space.) Information

17a. Do you have a safe deposit box? ☐ No ☐ Yes

If yes, please include the name and address of location of box, the box number and the contents below:

17b. Do you have a will? ☐ No ☐ Yes; if yes, where is it kept? _____

17c. Are there any garnishments against your wages? ☐ No ☐ Yes

If yes, who is the creditor? _____ Date of Judgment _____ Amount of debt \$ _____

17d. Are there any judgments against you? ☐ No ☐ Yes

If yes, who is the creditor? _____ Date of Judgment _____ Amount of debt \$ _____

17e. Are you a party to a lawsuit? ☐ No ☐ Yes

If yes, amount of suit \$ _____ Possible completion date _____ Court _____

Subject matter of suit _____

17f. Did you ever file bankruptcy? ☐ No ☐ Yes

If yes, date filed _____ Date discharged _____

17g. In the past 10 years did you transfer any assets out of your name for less than their actual value?

☐ No ☐ Yes

If yes, what asset? _____ Value of asset at time of transfer \$ _____

When was it transferred? _____ To whom was it transferred? _____

17h. Do you anticipate any increase in household income in the next 2 years? ☐ No ☐ Yes

If yes, why will the income increase? _____ (Attach sheet if you need more space.)

How much will it increase? _____

17i. Are you a beneficiary of a trust or an estate? ☐ No ☐ Yes

If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____

When will the amount be received? _____

17j. Are you a participant in a profit sharing plan? ☐ No ☐ Yes

If yes, name of plan _____ Value in plan \$ _____

Section 7Assets and
Liabilities**18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

| | Description (year, make, model) | *Current Value | Current Loan Balance | Name of Lender | Purchase Date | Monthly Payment |
|--|------------------------------------|-------------------|----------------------------|-------------------|------------------|--------------------|
| *Current Value is the amount you could sell the asset for today | 18a. _____ _____ _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| | 18b. _____ _____ _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

| | Description (year, make, model) | Lease Balance | Name and Address of Lessor | Lease Date | Monthly Payment |
|--|------------------------------------|------------------|----------------------------------|---------------|--------------------|
| | 18c. _____ _____ _____ | \$ _____ | _____ | _____ | \$ _____ |
| | 18d. _____ _____ _____ | \$ _____ | _____ | _____ | \$ _____ |

**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.**20. REAL ESTATE.** List all real estate you own. (If you need additional space, attach a separate sheet.)

| Street Address, City State, Zip, County Lender/Lien Holder | Date Purchased | Purchase Price | *Current Value | Loan Balance | Monthly Pymt |
|--|-------------------|-------------------|-------------------|-----------------|-----------------|
| 20a. _____ _____ _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 20b. _____ _____ _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

21. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)*Furniture/Personal effects* includes the total current market value of your household such as furniture and appliances*Other Personal Assets* includes all artwork, jewelry, collections, antiques or other assets

| | Description | Current Value | Loan Balance | Lender | Monthly Payment | Date of Final Pymt |
|------|---|------------------|-----------------|--------|--------------------|-----------------------|
| 21a. | Furniture/Personal Effects Other: (List below) | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 21b. | Artwork | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 21c. | Jewelry | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 21d. | _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 21e. | _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |

Section 7

continued

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

| | <u>Description</u> | <u>Current Value</u> | <u>Loan Balance</u> | <u>Lender</u> | <u>Monthly Payment</u> | <u>Date of Final Pymt</u> |
|------|----------------------------------|--------------------------|-------------------------|---------------|----------------------------|-------------------------------|
| 22a. | Tools used in Trade/ Business | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| | Other: (List below) | | | | | |
| 22b. | Machinery | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 22c. | Equipment | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 22d. | _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 22e. | _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |

Section 8Accounts/
Notes
Receivable*Use only if
needed*

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

| | <u>Description</u> | <u>Amount Due</u> | <u>Date Due</u> | <u>Age of Account</u> |
|------|---|-------------------|-----------------|---|
| 23a. | Name _____ Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days |
| 23b. | Name _____ Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days |
| 23c. | Name _____ Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days |
| 23d. | Name _____ Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days |
| 23e. | Name _____ Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days |
| 23f. | Name _____ Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days |

Add "Amount Due" from lines 23a through 23f = 23g \$ _____

Section 9

Monthly
Income and
Expense
Analysis

**If only one
spouse has
a debt, but
both have
income, list
the total
household
income and
expenses.**

Total Income

| <u>Source</u> | <u>Gross monthly</u> |
|--------------------------------------|-----------------------------|
| 24. Wages (yourself) | \$ _____ |
| 25. Wages (spouse) | _____ |
| 26. Interest - Dividends | _____ |
| 27. Net Business Income | _____ |
| 28. Net Rental Income | _____ |
| 29. Pension/Social Security | _____ |
| 30. Pension/Social Security (Spouse) | _____ |
| 31. Child Support | _____ |
| 32. Alimony | _____ |
| 33. Other | _____ |
| 34. Total Income | \$ _____ |

Total Living Expenses

| <u>Expense Items¹</u> | <u>Actual Monthly</u> |
|---|------------------------------|
| 35. Rent/Mortgage | \$ _____ |
| 36. Electric | _____ |
| 37. Natural Gas | _____ |
| 38. Cable TV | _____ |
| 39. Telephone | _____ |
| 40. Water | _____ |
| 41. Food | _____ |
| 42. Car Payment | _____ |
| 43. Gasoline | _____ |
| 44. Car Insurance | _____ |
| 45. Cell Phone/Pager | _____ |
| 46. Other Utilities | _____ |
| 47. Clothing & Misc. | _____ |
| 48. Health Care | _____ |
| 49. Court Ordered Payments | _____ |
| 50. Child/Dependant Care | _____ |
| 51. Life Insurance | _____ |
| 52. Other secured debt | _____ |
| 53. Other expenses | _____ |
| 54. Education Expenses | _____ |
| 55. Total Living Expenses | \$ _____ |

**ATTACHMENTS REQUIRED:** Please include;

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

Signature _____

Social Security No. _____

Date _____

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both pursuant to 18 U.S.C. §1001.

¹Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.